



Preoperative Pain Sensitivity and Its Correlation with Postoperative Pain and Analgesic Consumption: A Qualitative Systematic Review (Review Article) **445**

Preoperative assessment of pain sensitivity and postoperative pain intensity or analgesic consumption are reviewed.

Practice Advisory for the Perioperative Management of Patients with Cardiac Implantable Electronic Devices: Pacemakers and Implantable Cardioverter-Defibrillators (Special Article) **247**

An updated report by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Cardiac Implantable Electronic Devices is given.

Efficacy, Safety, and Pharmacokinetics of Sugammadex for the Reversal of Rocuronium-induced Neuromuscular Blockade in Elderly Patients **318**

A slower rate of recovery is seen in elderly patients compared with younger adults.

Glycemic Control in the Intensive Care Unit and during the Postoperative Period (Clinical Concepts and Commentary) **438**

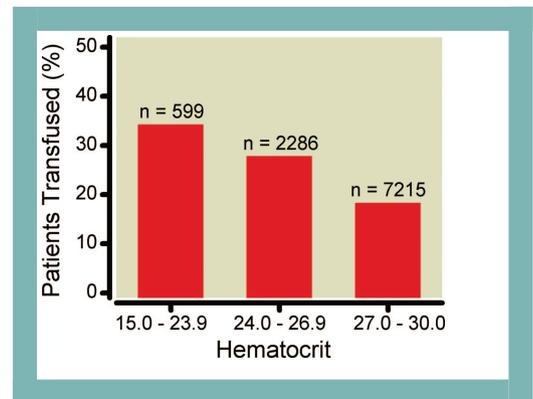
Maintaining blood glucose levels less than 8.25 mM improves outcome.

Self-extraction of Intrathecal Pump Medication with a Concomitant Intrathecal Granulomatous Mass (Case Scenario) **424**

A case of intrathecal granulomatous mass is highlighted.

Association between Intraoperative Blood Transfusion and Mortality and Morbidity in Patients Undergoing Noncardiac Surgery **283**

The risk of morbidity and mortality is higher in surgical patients with anemia. However, previous studies have shown mixed results regarding the efficacy of blood transfusion in reducing these risks. This retrospective study of the National Surgical Quality database evaluated the association between blood transfusion and 30-day outcomes in patients undergoing general, vascular, or orthopedic surgeries. More than 10,000 patient



records were reviewed and the rate of transfusion varied as a function of baseline hematocrit (figure). Compared with patients who did not receive intraoperative blood transfusion, patients who did receive a transfusion had an increased risk of death, and pulmonary, septic wound, or thromboembolic complications. Overall intraoperative blood transfusion was associated with increased risk of mortality and morbidity, however; this study did not address if this was a direct result of the transfusion or the increased blood loss. See the accompanying Editorial View on page 234

Perioperative Nerve Injury after Total Knee Arthroplasty: Regional Anesthesia Risk during a 20-Year Cohort Study **311**

The incidence of peripheral nerve injury (PNI) is high among patients undergoing orthopedic surgical procedures such as total knee arthroplasty (TKA). The risk may be greater when regional anesthesia (RA) is used. In a retrospective 20-yr cohort study the presence of PNI within 3 months of elective TKA was measured in more than 12,000 patients. The overall incidence of PNI was 0.79%; PNI was not associated with peripheral nerve blockade or anesthesia type. However, the risk did increase with increasing age and tourniquet time. This study supports the use of RA for patients undergoing TKA without the induction of increased risk of neurologic injury.

Combination of EuroSCORE and Cardiac Troponin I Improves the Prediction of Adverse Outcome after Cardiac Surgery **330**

A previous study demonstrated that the combined assessment of postoperative cardiac troponin I (cTnI) and European System for Cardiac Operative Risk Evaluation (EuroSCORE) has superior predictive value for in-hospital death compared with EuroSCORE alone. The current study of consecutive patients evaluated the prognostic value of EuroSCORE with and without pre- and/or postoperative cTnI in patients (N = 905) undergoing conventional cardiac surgery with cardiopulmonary bypass. The median EuroSCORE was 5; the median cTnI was 0 preoperatively and 6.1 postoperatively. Overall, 3% of patients died, and 22% experienced major adverse cardiac events. When combined with EuroSCORE, preoperative, postoperative, and pre/postoperative cTnI significantly increased the predictive ability for major adverse cardiac events and in-hospital mortality. This study supports the measurement of EuroSCORE and postoperative cTnI to predict patient outcomes after cardiac surgery.